

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1					51					
2		1			52					
3					53					
4		1			54					
5					55					
6		1			56					
7		1			57					
8		1			58					
9		1			59					
10	1				60					
11		1			61					
12	1				62					
13		1			63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	9				TOTAL IND.					
TOTAL DEP.	10				TOTAL DEP.					
TOTAL CLAIMS	19				TOTAL CLAIMS					